

Jefferson County Public Service District

340 Edmond Road, Suite A

Kearneysville, WV 25430

(304) 725-4647

Application for Service - Sewer Utility

Flat Rate Customer

Date: _____ Previous Customer: Yes _____ No _____

Applicant's Name: _____ Applicant's SS#: _____

Applicant's Phone #: (_____) _____ Applicant's Date of Birth: ____/____/____

Full Billing Address: _____

E-mail Address: _____ Location of Property / Subdivision: _____ Lot Number: _____

Applicant's Place of Employment: _____ Phone #: (_____) _____

Address of Employer: _____

Co-Applicant's Name: _____ Co-Applicant's SS#: _____

Co-Applicant's Phone #: (_____) _____ Co-Applicant's Date of Birth: ____/____/____

Co-Applicant's Place of Employment: _____ Phone #: (_____) _____

Address of Employer: _____

Renting Property: _____ Own Property / Purchased: _____ Other: _____

Newly Built Home: ____ Existing Home: ____ If existing home, previous resident: _____

If Renting, Property Owner's Name: _____ Phone #: (_____) _____

Property Owner's Address: _____

* In addition to a completed application, we require a VALID PHOTO ID and the APPLICABLE SECURITY DEPOSIT *

(Please check mark the correct box)

Residential: _____ Commercial: _____ Industrial: _____ Public Authority: _____

Number of Person(s) living in the home: _____ Closing Date / Lease Date: _____

If Commercial / Industrial Use is Requested, Type / Name of Business: _____

Number of Employees: _____ Will water be used for production?: Yes _____ No _____

I hereby authorize service to be established in my name at the above property location. I also agree to pay for services rendered until I, or the Utility, put in writing that service is to be discontinued. I understand that if discontinuation is NOT put in writing, that I am responsible for any and all charges that occur on this account. I understand that this application is accepted subject to the availability of service. If your account becomes past due you will be responsible for all collection fees, legal fees and court costs.

Signature of Applicant: _____ (Seal) Date: _____

Signature of Co-Applicant: _____ (Seal) Date: _____

For Office Use Only

Receipt #: _____ Account Number: _____ Base Meter: _____

Res. #: _____ Region: _____

Rental Agreement: _____ Bill Cycle: Monthly Bi-Monthly Billing Code: _____

Class: _____ # of Units: _____

Start Date: ____/____/____ Water #: _____